



**ROWAN COUNTY CONVENTION & VISITORS BUREAU**

204 E Innes Street, Ste. 120, Salisbury, NC 28144  
800-332-2343 • 704-638-3100 • FAX 704-642-2011  
www.visitsalisburync.com

**APPLICATION FOR ROWAN ARTS COUNCIL BOARD**

If you are a resident of Rowan County, at least 18 years old, and willing to volunteer your time and expertise to the community, please complete this application and return to:

Rowan County Tourism Development Authority  
204 East Innes Street, Suite 120  
Salisbury, NC 28144  
704-638-3100 FAX 704-642-2011  
rac@visitsalisburync.com

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you reside in Rowan County? \_\_\_\_ Yes \_\_\_\_ No

Have you ever served on a board or commission? \_\_\_\_ Yes \_\_\_\_ No If so, please

list board or commission and dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interest/Skills/Education/ Areas of Expertise/Professional Organizations that you feel would be of assistance to you in your duties as a member of the Rowan Arts Council Board:

\_\_\_\_\_

\_\_\_\_\_

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Why are you interested in serving on the RAC Board? \_\_\_\_\_

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**AFFIRMATION OF ELIGIBILITY:**

Has any formal charge of professional misconduct ever been sustained against you in any jurisdiction? \_\_\_\_ Yes \_\_\_\_ No If yes, explain complete disposition: \_\_\_\_\_

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Is there any possible conflict of interest or other matter that would create issues or prevent you from fairly and impartially performing your duties as an appointee of the Rowan Arts Council? \_\_\_\_ Yes \_\_\_\_ No If yes, explain conflict: \_\_\_\_\_

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I certify that the facts contained in this application are true and correct to the best of my knowledge. I understand and agree that any misstatement will be cause for my removal from the board.

Return Completed Form to:  
Rowan County TDA  
204 East Innes Street, Ste 120  
Salisbury, NC 28144  
704-638-3100  
704-642-2011 FAX  
rac@visitsalisburync.com

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Invalid if Not Signed*